

Attachment C: ABW II Health Benefit Plans

Health Benefit Plans

State Plan Services	Existing Medicaid Benefit in Michigan	Medicaid Adult Benefits Waiver Benefits—Phase III	Medicaid Adult Benefits Waiver Benefits—Phase II	Medicaid Adult Benefits Waiver Benefits—Phase I & II	Medicaid Adult Benefits Waiver Benefits—Phase II
Groups Covered under the Plan	Children under 19 Copays shown in this column are not applicable to children.	Aged (65 and over) Disabled, Pregnant Women and Nursing Home Patients (Over 18 Years of Age)	TANF-Related Adults (Parents, TMA, Special N and Non-Disabled 19 & 20 Year Olds)	Phase I —Non-Disabled Adults (Aged 21 through 64) through 35% of the FPL. Phase II —Parents and Caretakers not covered under LIF through 50% of the FPL. Parents and caretakers 51% through 100% of FPL who buy-in	Women who lose eligibility for Medicaid coverage under the Poverty Level Pregnant Women's group after their first pregnancy. This coverage will be implemented beginning April 1, 2004.
Implementation Vehicle/Date		State Plan Amendments, October 1, 2003	Medicaid Adult Benefits Waiver II, October 1, 2003	Non-Disabled Adults—Medicaid Adult Benefits Waiver I, August 1, 2003 Parents and Caretakers—Medicaid Adult Benefits Waiver II, October 1, 2003	Medicaid Adult Benefits Waiver II, October 1, 2003

Attachment C: ABW II Health Benefit Plans

Health Benefits					
Inpatient Hospital Medical/Surgical	Covered	Covered	Benefit Limited to a Case Rate per Authorized Admission	Benefit Limited to a Case Rate per Authorized Admission	
Outpatient Hospital	Covered	Covered	Covered (\$3 copay for services that include a professional component)	Covered (\$3 copay for services that include a professional component)	
RHC & FQHC	Covered	Covered	Covered		
Lab & X-ray	Covered	Covered	Covered	Covered	
Nurse Practitioner	Covered	Covered	Covered (\$3 Copay for office visits)	Covered (\$3 Copay for office visits)	
Nursing Facility & Home Health for Beneficiaries 21 and Older	Covered	Covered	Nursing Facility Rehab-Only Benefit & Home Health Benefit as described in the Coverage Bulletin		
EPSDT for beneficiaries Under 21	Covered	Covered	Well Child, Preventive Services & Immunizations	(Children are not covered in this group since they would be eligible for full Medicaid.)	
Family Planning	Covered	Covered	Covered	Covered	Covered through Family Planning Clinics (Provider Type 23) for 18 months
Physician	Covered	Covered	Covered (\$3 Copay for office visits)	Covered (\$3 Copay for office visits)	
Nurse Midwives	Covered	Covered	(Pregnant women are	(Pregnant women are	

Attachment C: ABW II Health Benefit Plans

			not covered in this group since they would be eligible for full Medicaid.)	not covered in this group since they would be eligible for full Medicaid.)	
Maternity Services	Covered	Covered	(Pregnant women are not covered in this group since they would be eligible for full Medicaid.)	(Pregnant women are not covered in this group since they would be eligible for full Medicaid.)	
Ambulance	Covered	Covered	Covered	Covered	
Podiatrist	Covered (\$2 Copay)				
Optometrist	Covered (\$2 Copay)	Covered (\$2 Copay)	Covered (\$10 Copay)		
Chiropractor	Covered (\$2 Copay)				
Other Practitioner	Covered	Covered			
Dental	Covered (Nominal Copay)	Emergency Services Only (Extractions and related services)	Emergency Services Only (Extractions and related services)		
Physical Therapy	Covered	Covered	Covered		
Occupational Therapy	Covered	Covered	Covered		
Speech, Hearing & Language Disorders	Covered	Covered	Covered		
Prescribed Drugs	Covered (\$1 Copay)	Covered (\$1 Copay)	Covered (Preferred Drug List & \$5 copay per Rx for preferred drugs/\$10 copay per Rx for non-preferred drugs)	Covered (Preferred Drug List & \$5 copay per Rx for preferred drugs/\$10 copay per Rx for non-preferred drugs)	
Medical Supplies	Covered	Covered	Covered	Covered (Limited Coverage)	
Dentures	Covered (Nominal Copay)	Covered (Nominal Copay)			

Attachment C: ABW II Health Benefit Plans

Prosthetic/Orthotics	Covered	Covered	Covered for women with mastectomies as required by Michigan statute		
Eyeglasses	Covered	Covered	Covered as described in the provider manual		
Hearing Aids	Covered (\$3 Copay)				
Diagnostic	Covered	Covered	Covered	Covered	
Rehabilitative	Covered	Covered	Covered		
ICF for Mentally Retarded	Covered	Covered	Covered		
Inpatient Psych for Beneficiaries Under 21	Covered	Covered	Covered		
Nursing Facility for Beneficiaries Under 21	Covered	Covered			
Hospital Emergency Department Services	Covered	Covered	Covered (\$25 copay for services that do not result in an admission)	Covered (\$25 copay for services that do not result in an admission)	
Personal Care	Covered	Covered			
Non-Emergency Transportation	Covered	Covered			
Case Management	Covered	Covered			
Hospice Care	Covered	Covered	Covered		
Respiratory Care	Covered	Covered			

Attachment C: ABW II Health Benefit Plans

Mental Health	Covered	Covered (Services Provided through the CMHSP)	Covered (Services Provided through the CMHSP)	Covered (Services Provided through the CMHSP)	
Substance Abuse	Covered	Covered (Services Provided through the CMHSP)	Covered (Services Provided through the CMHSP)	Covered (Services Provided through the CMHSP)	
Additional Features					
Asset Test for Eligibility	NO	YES—except for pregnant women	YES	YES	NO
Managed Care Enrollment	YES in counties with HMOs	YES in counties with HMOs —except for nursing home patients and dually eligible	YES in counties with HMOs	YES in counties with a county health plan	All services will be provided through family planning clinics (Provider Type 23)